PATENT	APPLICATION	FEE DETERMINATION	RECORD
	ALL LIVATION		HECCHE

Effective October 1, 2000

Application or Docket Number

80398. Pyys

Effective October 1, 2000												
		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)			SMALL I	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			34					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FE	E · 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			<i>3</i>		• 14			X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			1/ minus 3 =		* /-	1.		X40=		OR	X80=	
MULTIPLE, DEPENDENT CLAIM PE			RESENT					105		1	.070	80
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		+135=	The last 18	OR	+270=	arament to
		2.4						TOTAL		OR.	TOTAL OTHER	TUAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	the second second second
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		∦RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X40=		OR	X80≐	
1	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			+135=_	n. Salah	Mark Mark	+270=	
	د رسوه در و در ه در درسد		ا مستوسست				a di Arik	TOTAL		OR.	TOTAL	
- ** - : : : : :	South State of State	(Column 1)		(Colun	nn 2)	(Column 3)		ADDIT. FEE		OR-	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	EST BER OUSLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	1	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	*** /		=		X40≟	representations	OR	X80=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		ا لا	+135=		OR	+270=	
						• •	L	TOTAL		OB.	TOTAL	
		(Column 1)		(Colun	nn 2) -	(Column 3)	ار.	ADDIT. FEE	e Markey ()		ADDIT. FEE	
AMENDMENT C.		CLAIMS REMÁINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X\$ 9=	er sommet	OR	X\$18=	and the second
	Independent	*	Minus	***		=]	X40=		-	X80=	<u> </u>
4	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		┇			OR		
	If the entry in colu	mn 1 is lose than th	ne entry in colu	mn 2 write	"O" in col	iumn 3		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest number	er fou	ınd in the a	opropriate box	in col	umn 1.)